

our belief in a more hopeful future: The question of the proper combination of surgery and radiation is also still an open one, and this refers particularly to whether or not one is justified in removing a carcinoma of the uterus which, from all external appearances, has been thoroughly fibrolized by radiation. The same query may be directed toward a primary cancer of the breast after an apparently successful fibrolic state is produced by radiation. In such conditions an open consultation is the best course to pursue, and the problem of procedure must be left to the conscientious surgeon to decide.

We believe that all cases of cancer which are not strictly superficial and where a reasonable expectation of a successful surgical removal can be assured, should have a proper course of radiation treatment first. This seems to us to be highly desirable.

ALBERT SOILAND.

Surgery

THE Los Angeles Plan for Postgraduate Study—The Los Angeles County Medical Association has formed a new Clinical and Statistical Section. It comes under the same regulation as other sections, and any member of the County Association is eligible to membership in the section.

A circular is issued daily giving a list of the operations and operating surgeons, or of clinics held in any line of medicine or surgery. All accredited hospitals are cooperating with the section and can have a listing of work done in such institutions as appear in the daily bulletin that is sent to each member of the County Medical Association.

The interests of the section are safeguarded by a board of seven directors. An Advisory Committee to the Board of Directors is composed of a representative chosen by each cooperating hospital. The objects of the section are both immediate and remote.

Among the more immediate benefits sought are those resulting from seeing the work of others. All physicians are invited to see any of the operations, surgical or medical clinics listed. It is hoped that visiting physicians, while in Los Angeles, will avail themselves of this opportunity to see the line of work in which they are interested.

Members of the profession in near-by sections of California or other states, when visiting Los Angeles for longer or shorter periods, are invited to avail themselves of postgraduate work thus offered. The plan also stimulates and encourages the best efforts on the part of those responsible for operations and clinics.

Among the remote benefits expected from the plan are larger, more accurate and consequently more valuable statistics. These statistics will be collected from all the work done in the cooperating hospitals, recorded in code by a punching machine, and give a reliable record.

After a period of months or years any member can in a few moments, by use of the sorting machine, have all his cases, upon any subject, before him. No member can obtain another member's individual record, but the combined statistics from all the hospitals can be obtained by any member without ob-

taining the names of the physicians from whose service the statistics were compiled.

The plan has many advantages, great possibilities, seems eminently fair to all and disadvantageous to none. It has been in operation for a few months. The early difficulties incident to prompt delivery of the listing are being overcome, and visiting practitioners are invited to take advantage of this opportunity for postgraduate observation.

FOSTER K. COLLINS.

TREATMENT of Acute Peritonitis—Acute peritonitis was first well described in 1314 as the "Iliac Passion." Since that such names¹ as Thomas Willis, Brithat, Travers, Thomas Sutton Treves, Mescatello, Fowler, and J. C. Murphy are distinctly associated with the progress in the understanding of this condition. The present mode of treatment is to a large extent that outlined by J. B. Murphy—sitting-up position, no food by mouth, saline per rectum, drainage of the peritoneal cavity, and administration of aperients.

Today we emphasize the need of fluids. The value of sodium chloride preparations is evident and subcutaneously these can be given, preferably, on the inner or outer sides of the thigh or under the breasts. Glucose solution, 5 or 10 per cent, intravenously supplies not only needed fluid, but also valuable nourishment. The amount of fluid for the average adult should total between 2800 and 4000 cc. per twenty-four hours. NaCl or Ringers can be given in 1000 cc. amounts subcutaneously at one time. Properly prepared glucose solution, 10 per cent, preferably 700 cc. at a time and the infusion consuming a period of forty-five minutes can be employed two or three times daily. With this type and amount of fluid intake, the death rate in acute peritonitis has dropped 5 to 10 per cent.

The large proportion of so-called acute peritonitides are in reality local peritonitis with a more or less complete paralytic ileus above. Handley² has demonstrated this in postmortem studies. The seriousness of peritonitis is not the infection *per se*, but the result therefrom of a potential intestinal obstruction. All physicians know that distention, vomiting and dehydration are the prominent features of clinical peritonitis. These symptoms are none other than a potential intestinal obstruction, and if death ensues, the end is similar to that from wound or surgical shock or a proteose intoxication and is due to the marked toxicity of the upper intestinal content as demonstrated by Whipple.³

Transduodenal or even gastric drainage and lavage, in order to remove this toxic proteose material, improves the condition of the patient tremendously. A drainage tube fashioned after the Jutte⁴ tube passed through the nostril and left in situ for twelve to ninety hours with continuous and later judiciously interrupted drainage will show another

1. Carlson, H. W.: The Evolution of the Modern Treatment of Septic Peritonitis, *Lancet*, May 19, 1923, 1035-37.

2. Handley, W. S.: Acute General Peritonitis and Its Treatment, *Brit. Jour. Surg.*, January, 1925, 12, 417-34.

3. Whipple, G. H.: Intoxication of Intestinal Obstruction; Collected Reprints from G. W. Hooper Found. of Med. Res. 5, 1919-20, 15th paper.

4. Jutte, M. E.: Transduodenal Lavage, etc., *New York Med. Jour.*, March 16, 1912, 95, 543-44.